

State of New Hampshire **Board of Pharmacy**

121 South Fruit Street Concord, NH 03301-2412 Tel.: (603) 271-2350 Fax: (603) 271-2856 Website: www.nh.gov/pharmacy/

REGISTRATION FEE: \$25.00

NO CASH - CHECK OR MONEY ORDER PAYABLE TO: Treasurer, State of New Hampshire

PHARMACY TECHNICIAN REGISTRATION FORM

April 1, 2014 - March 31, 2015 Registration Period

ALL SECTIONS <u>MUST</u> BE COMPLETED.

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1. GENERAL INFORMATION	_			
Applicant's Name	First	Middle	Last	
A A Oliver Address				
Mailing Address				
Oir.		Tin Code	I Hama Dhana	Date of Birth (MM/DD/YY)
City		State Zip Code	Home Phone	Date of Birth (MM/DD/11)
C	Casial Casurity Number			1 1
Gender	Social Security Number		y Certified By The National Pharma	
☐ Male ☐ Female				
		for the Certification	<i>on of Pharmacy Technicians</i> (ICPT)	? □ No
Email Address:				
Have you ever been know	n under any ether nam	e (i.e. Maiden Name)?	☐ No If yes, list:	
riave you ever been known	ir under any other nam	le (i.e. ividiuei i ivaille) : L	■ NO II yes, list.	
2. CURRENT PHARMACY EM				
Name of Pharmacy Where You Are Cu	rrently Employed (If not current	ly employed in a pharmacy, write " Not Currently Empl	(oyed") Month & Year You Started Employme	ent At This Pharmacy In The Pharmacy Dept.
				1
Complete Address of Pharmacy				
3. REGISTRATION / LICENSU	RE AS A PHARMACY TE	CHNICIAN		
			or any other state?	□ No
		censed as a pharmacy technician in NH	or any other state?	LI NO
*ii yes, indicate which state(s), and whether or not t	he registration/licensure is current		
4 CHARGES CONVICTIONS	DISCIPLINARY ACTIONS	S - <u>all</u> questions <u>must</u> be answer	FD	
3323, 3331.31.31	Diddin Emmilier 710 month	<u> </u>		
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3		l, disciplined or had your registration	n/certification/license	П.,
3		l, disciplined or had your registratior lated drug laws/regulations in this or	n/certification/license	□ No * If Yes, Attach Explanation.
3			n/certification/license	□ No * If Yes, Attach Explanation.
revoked for viol	ation of pharmacy-re		n/certification/license	□ No * If Yes, Attach Explanation.
revoked for viol • Are you presen	ation of pharmacy-re tly charged with viola	lated drug laws/regulations in this or tions of pharmacy-related	n/certification/license any other state?	
revoked for viol • Are you presen	ation of pharmacy-re	lated drug laws/regulations in this or tions of pharmacy-related	n/certification/license	□ No * If Yes, Attach Explanation. □ No * If Yes, Attach Explanation.
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